



**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502-564-4850 phone  
502-564-1442 fax  
<http://abc.ky.gov>

**AMENDMENT TO APPLICATION**  
**AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize and direct the  
(PRINT NAME)  
Kentucky Department of Alcoholic Beverage Control Licensing Division staff to amend my  
application as follows (state the Section(s) and question number(s) to be edited, from what,  
and to what.): *NOTE: if additional space is needed, attach or use another copy of this form.*

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By signing this amendment to my application, I hereby swear or affirm under penalty of perjury that all statements contained in this amendment to application form and all its attachments are true and correct to the best of my knowledge, information and belief.

X \_\_\_\_\_  
Signature of Applicant

X \_\_\_\_\_  
Date